



# Donor Enrollment Form

For regular giving via direct debit or credit card, please fill out the form below and return it to HBB:  
Hope Beyond Borders • PO Box 993 • Coatesville • PA • 19320

Name: \_\_\_Mr. \_\_\_Mrs. \_\_\_Miss \_\_\_Ms.

Address

City

State

Zip Code

Home Phone

Cell Phone

Email

I'd like to make a  Donation  Memorial Gift  Honor Gift  Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

### STEP ONE. I desire to donate to:

### Gift Amount

\_\_\_\_\_ (Staff Member Name) \$ \_\_\_\_\_

General Donation Fund \$ \_\_\_\_\_

Little Blessings Preschool \$ \_\_\_\_\_

Coatesville Kids to College \$ \_\_\_\_\_

The Mango Tree (Zambia) \$ \_\_\_\_\_

### My Total Gift Amount

\$ \_\_\_\_\_

### STEP TWO. I desire to give:

Monthly  Quarterly  Semi-Annually  Annually I want my transfer to begin: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

I desire for my direct debit or credit card gift to occur on the  5<sup>th</sup> or the  20<sup>th</sup> of each month.

### STEP THREE. Giving method:

**Direct Debit from checking account:** Please include a voided check, or a check for your first gift, to provide HBB with your banking information.

**Credit Card:**  Visa  Master Card  AMEX  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Cardholder Name \_\_\_\_\_

### STEP FOUR. By signing, I grant permission to transfer funds from my account, as specified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All donations provided to Hope Beyond Borders originating as ACH transactions comply with U.S. law. If at any time you wish to increase, decrease, or suspend your monthly donation, simply call HBB at 610-384-2575, or write to PO Box 993 Coatesville, PA 19320

*Please make a copy of this form for your records, or you may request a copy from Hope Beyond Borders.*